18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 1 of 75

Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

Part II Identify	Toursen	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that government-issued pidentification (for exage) your driver's license	picture First Name ample,	First Name
passport).	Middle Name	Middle Name
,	Earle	
Bring your picture identification to your	Last Name meeting	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names yo	u	
have used in the la	st 8 First Name	First Name
Include your married	Middle Name	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 digit	ts of	
your Social Securit		30 xxx - xx
number or federal Individual Taxpaye	OR r	OR
Identification numb	9xx - xx	9xx - xx

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 2 of 75}$

Debtor 1 Horace Earle		Horace Earle		Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and Em		✓ I have not used any business names or EIN	ls.		
	(EIN) yo	cation Numbers ou have used in t 8 years	Business name	Business name		
		trade names and usiness as names	Business name	Business name		
	doing b		Business name	Business name		
			EIN	EIN		
5. Where y		you live		If Debtor 2 lives at a different address:		
			356 Shear Hill Road Number Street	Number Street		
			Carmel NY 10512			
			City State ZIP Code Putnam	City State ZIP Code		
			County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Street	Number Street		
			P.O. Box	P.O. Box		
			City State ZIP Code	City State ZIP Code		
6.		ou are choosing strict to file for	Check one:	Check one:		
	bankru		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
			☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2:	Tell the Court Ab	oout Your Bankruptcy Case			
7.	Bankru	apter of the	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top of	lotice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.		
	are cho under	oosing to file	✓ Chapter 7			
			Chapter 11			
			Chapter 12			
			Chapter 13			

Deb	tor 1 Horace Earle		Case number (if known)				
8.	How you will pay the fee	coui pay	Il pay the entire fee when I file m rt for more details about how you m with cash, cashier's check, or mon alf, your attorney may pay with a cu	nay pay. Typically, if you are ley order. If your attorney is	e paying the fee yourself, you may submitting your payment on your		
			ed to pay the fee in installments. viduals to Pay The Filing Fee in Ins				
		By la than fee i	quest that my fee be waived (You aw, a judge may, but is not require a 150% of the official poverty line the in installments). If you choose this ge Fee Waived (Official Form 103B)	d to, waive your fee, and ma nat applies to your family siz option, you must fill out the	y do so only if your income is less e and you are unable to pay the Application to Have the Chapter 7		
9.	Have you filed for	☑ No					
	bankruptcy within the last 8 years?	☐ Yes					
		District _		When	Case number		
		-					
		District _		When MM / DD / Y\	Case number		
		District _		When	Case number		
10.	Are any bankruptcy	☑ No					
	cases pending or being filed by a spouse who is	☐ Yes					
	not filing this case with	Debtor		Relation	onship to you		
	you, or by a business partner, or by an	District		_	Case number,		
	affiliate?	_			YYY if known		
		Debtor _		Relation	onship to you		
		District _		When	Case number,		
				MM / DD / Y	YY if known		
11.	Do you rent your residence?	✓ No. ✓ Yes		eviction judgment against yo	u?		
			No. Go to line 12. Yes. Fill out Initial Statement and file it as part of this ba	•	nent Against You (Form 101A)		

Debtor 1		Horace Earle					Case numb	per (if known) _		
P	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as	a Sole Pro	oprietor			
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	ousiness				
	busines individu separat	sole proprietorship is a usiness you operate as an adividual, and is not a eparate legal entity such as corporation, partnership, or			Name of business, if any Number Street					
	LLC.									
	sole pro	ave more than one oprietorship, use a e sheet and attach it etition.			City Check the appropriate Health Care Busi		•		ZIP Co	ode
					Single Asset Rea Stockbroker (as of Commodity Broken) None of the above	al Estate (as defined in 11 er (as define	defined in 11 U U.S.C. § 101(5	J.S.C. § 101(51E 53A))	3))	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can mos	set ap	filing under Chapter 11, propriate deadlines. If nt balance sheet, staten f these documents do n	you indicate nent of opera	that you are a sations, cash-flow	small business ow w statement, an	debtor, you d federal ir	nust attach your ncome tax return
	debtor?	$\overline{\mathbf{A}}$	No.	I am not filing under C	hapter 11.					
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I	am NOT a sma	ll business debt	tor accordin	ng to the definition in	
			Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I	am a small bus	iness debtor ac	cording to	the definition in the	
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property (or Any Prop	erty That Ne	eds Imn	nediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable		No Yes.	What is the hazard?					
	hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				If immediate attention	is needed, v	why is it needed	?		
					Where is the property	? Number	Street			
						City			State	ZIP Code

Debtor 1	Horace Earle	Case number (if known)
	1101400 2 4110	Case Harrison (ii kilomi)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not require	d to receive a briefing about
credit counselin	g because of:
☐ Incapacity.	I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 6 of 75

Deb	otor 1	Horace Earle				Case number (if	know	n)
P	art 6:	Answer These G	Quest	ions for Reporting Pu	ırpos	ses		
16.	What k have?	ind of debts do you	16a.		dual p	sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b.	money for a business or No. Go to line 16c. Yes. Go to line 17.	invest	iness debts? Business deb tment or through the operation e that are not consumer or bu	n of th	
17.	Are yo Chapte	u filing under er 7?		No. I am not filing under Chapter 7. Go to line 18.				
	any ex exclud admini are pai availab	estimate that after empt property is ed and istrative expenses id that funds will be ole for distribution ecured creditors?	☑		•	•	-	xempt property is excluded and to distribute to unsecured creditors?
18.		nany creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		nuch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		nuch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 7 of 75

Debtor 1	Horace Earle	Case number (if known)			
Part 7:	Sign Below				
For you		I have examined this petition, and I do and correct.	clare under penalty of perjury that the information provided is true		
		•	7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, I understand the relief available under each chapter, and I choose to		
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
		<u> </u>	t, concealing property, or obtaining money or property by fraud in n result in fines up to \$250,000, or imprisonment for up to 20 years, 9, and 3571.		
		X /s/ Horace Earle Horace Earle, Debtor 1	X Signature of Debtor 2		
		Executed on 10/23/2018	Executed on		

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Horace Earle		Case number (if know	n)		
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.				
		X /s/ Gus Michael Farinella Signature of Attorney for Debtor	Date	10/23/2018 MM / DD / YYYY		
		Gus Michael Farinella Printed name Law Offices of Gus Michael Fari Firm Name 110 Jericho Turnpike Number Street Suite 100	inella, PC			
		Floral Park City	NY State	11001 ZIP Code		
		Contact phone (212) 675-6161	Email address gmf @	lawgmf.com		
		GMF5252 Bar number	State	_		

Fill in this inf	ormation to identify	your case and this filing:	l	
Debtor 1	Horace	Earle		
	First Name Mic	dle Name Last Name		
Debtor 2 (Spouse, if filing)	First Name Mic	dle Name Last Name		
United States Bar	nkruptcy Court for the: SC	OUTHERN DISTRICT OF NEW YORK		
Case number (if known)				c if this is an ded filing
Official Form	106A/B			
Schedule A/	B: Property			12/15
1. Do you own o	or have any legal or equi	nce, Building, Land, or Other Real E		e an interest in
— 1.1. 356 Shear Hill R	oad able, or other description	What is the property? Check all that apply. — ✓ Single-family home	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	
	· 	Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
Carmel	NY 10512	Manufactured or mobile home	\$419,000.00	\$419,000.00
Putnam County	State ZIP Code	Land Investment property Timeshare Other	Describe the nature of you interest (such as fee sim entireties, or a life estate	ple, tenancy by the
•	oad, Carmel, NY 1051	Who has an interest in the property? Check one.	Residence	
		 ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anoth 	Check if this is community (see instructions)	munity property
		Other information you wish to add abo	ut this item, such as local	

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 10 of 75} \\$

Debtor 1 Horace Earle	C	case number (if known)		
1.2. Street address, if available, or other description 38 Vans Terrace Lake NY 12449 City State ZIP Code Ulster County	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property?	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$235,000.00 Describe the nature of you interest (such as fee sim entireties, or a life estate 100 percent ownership	common Schedule D: s Secured by Property. Current value of the portion you own? \$235,000.00 cur ownership ple, tenancy by the one of the portion you own.	
38 Vans Terrace Lake Katrine, NY 12449	Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:		nunity property	
1.3.	What is the property? Check all that apply.	Do not deduct secured cla	•	
Timeshare Orange Lake Country Club Week 27 Unit 6321 Orange Lake	☐ Single-family home	Creditors Who Have Claim		
Country Club. Owed as joint tenants with right of survivorship with non	Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?	
filing spouse.	Manufactured or mobile home	\$9,000.00	\$9,000.00	
Orange Lake Country Club 8505 W Irlo Bronson Mem Hwy Kissimmee Florida, 34747	☐ Timeshare interest (such as		re of your ownership fee simple, tenancy by the e estate), if known.	
	Who has an interest in the property?	Time Share Check if this is community property (see instructions)		
County	 Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another 			
	Other information you wish to add about property identification number:	ut this item, such as local		
	own for all of your entries from Part 1, increase reaction in Part 1. Write that number here		\$663,000.00	
Do you own, lease, or have legal or equitable you own that someone else drives. If you leas				
3. Cars, vans, trucks, tractors, sport utilit	y vehicles, motorcycles			
□ No ☑ Yes				

Official Form 106A/B Schedule A/B: Property page 2

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 11 of 75} \\$

Deb	Debtor 1 Horace Earle			Case number (if known)			
3.1. Mak	ke:	Buick	Who has an interest in the property? Check one. ✓ Debtor 1 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D:		
Mod Yea		LaCrosse Sedan 4D 2006	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?		
Арр	roximate mileage:	165,000	At least one of the debtors and another	\$2,800.00	\$2,800.00		
Oth	er information:						
		se Sedan 4D CXL	Check if this is community property (see instructions)				
	prox. 165,000 m	•	,	icles, and accessories			
4.			and other recreational vehicles, other veh al watercraft, fishing vessels, snowmobiles, m				
	✓ No Yes						
5.		•	own for all of your entries from Part 2, inclu Part 2. Write that number here		\$2,800.00		
P	art 3: Desci	ribe Your Personal a	and Household Items				
Do	you own or have	any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
6.	_	ls and furnishings					
		appliances, furniture, line	ens, china, kitchenware				
	ш	Speakers, 2 use 1 Microwave, 2 i	Stereo Receiver, 1 VCR, 1 CD Player, d computers, 1 Dinner Table, 6 Dining refrigerators, 1 Mirror 1 Bedroom set a ls and furnishings	Chairs, 2 Stove/Ovens,	\$4,500.00		
7.		isions and radios; audio,	video, stereo, and digital equipment; compute				
	✓ No Yes. Describ	oe					
8.		ues and figurines; painting	gs, prints, or other artwork; books, pictures, o ollections; other collections, memorabilia, col	•			
	☐ No ☑ Yes. Describ	oe Music CD's			\$50.00		
9.	Examples: Sport		, and other hobby equipment; bicycles, pool tools; musical instruments	ables, golf clubs, skis;			
	✓ No ☐ Yes. Describ	pe					
10.	•	s, rifles, shotguns, ammu	nition, and related equipment				
	✓ No Yes. Describ	pe					
11.		day clothes, furs, leather	coats, designer wear, shoes, accessories				
	☐ No ☑ Yes. Describ	e Basic Clothing a	and other Wearing Apparel		\$500.00		

Deb	tor 1	lorace Earle	Case number (if known)	
12.	Jewelry Examples	s: Everyday jewelry, costum gold, silver	ne jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes.	Describe		
13.	•	a animals s: Dogs, cats, birds, horses		
	✓ No ☐ Yes.	Describe		
14.	Any othe	-	items you did not already list, including any health aids you	
	_	Give specific nation		
15.	Add the d	dollar value of all of your e	entries from Part 3, including any entries for pages you have per here	\$5,050.00
D.	art 4:	Describe Your Finan	cial Assats	
	Cash		ble interest in any of the following? wallet, in your home, in a safe deposit box, and on hand when you file your	Current value of the portion you own? Do not deduct secured claims or exemptions.
	☐ No ✓ Yes		Cash:	\$20.00
17.	•		ner financial accounts; certificates of deposit; shares in credit unions, ther similar institutions. If you have multiple accounts with the same	
	☐ No ✓ Yes		Institution name:	
	17.1	. Checking account:	Checking Account Chase Bank	\$1,113.00
	17.2	. Checking account:	Checking account at KeyBank	\$12.95
	17.3	. Savings account:	Savings Account Chase Bank	\$812.00
	17.4	. Savings account:	Savings account at Hudson Valley Federal Credit Union	\$5.00
18.	•	nutual funds, or publicly tr s: Bond funds, investment a	aded stocks accounts with brokerage firms, money market accounts	
	✓ No ☐ Yes	Institutio	n or issuer name:	

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 13 of 75}$

Deb	tor 1	Horace Earle			Case number (if known)			
19.	•	on-publicly traded stock and interests in incorporated and unincorporated businesses, including interest in an LLC, partnership, and joint venture						
	✓ No ☐ Yes		Name of entity:		% of ownership:			
20.	Negotia	able instruments incl	ude personal che	ner negotiable and non-negotiable ins ccks, cashiers' checks, promissory notes annot transfer to someone by signing or	s, and money orders.			
	info	s. Give specific ormation about	Issuer name:					
21.		nent or pension acc les: Interests in IRA profit-sharing pl	, ERISA, Keogh, 4	401(k), 403(b), thrift savings accounts,	or other pension or			
	_	s. List each	Type of account:	Institution name:				
22.	Your sh Example		eposits you have n	made so that you may continue service aid rent, public utilities (electric, gas, wa				
	✓ No	s		Institution name or individual:				
23.	☑ No			payment of money to you, either for life description:	e or for a number of years)			
24.		ts in an education .C. §§ 530(b)(1), 529		nt in a qualified ABLE program, or ur	nder a qualified state tuition prog	ram.		
	✓ No ☐ Yes		Institution name	and description. Separately file the rec	cords of any interests. 11 U.S.C. §	521(c)		
25.		, equitable or future s exercisable for yo		perty (other than anything listed in li	ne 1), and rights or			
		s. Give specific ormation about them			_			
26.				crets, and other intellectual property; s, proceeds from royalties and licensing				
		s. Give specific ormation about them			_			
27.	Example No		•	ntangibles ses, cooperative association holdings, li	iquor licenses, professional license	s		
		ormation about them			-			

Deb	tor 1 Horace Earle	Case number (if known)	
Mor	ney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	No ✓ Yes. Give specific information State: 2018 NY State Refund. Amt: \$1	, 958.00 Fed	deral: \$0.00
	about them, including whether you already filed the returns	Sta	te: \$1,958.00
	and the tax years	Loc	eal: \$0.00
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, mainter	nance, divorce settlement, pro	perty settlement
	✓ No ☐ Yes. Give specific information	Alimony:	
		Maintenance:	
		Support:	
		Divorce settlen	
		Property settle	
	 Examples: Unpaid wages, disability insurance payments, disability benefits, sick procession, Social Security benefits; unpaid loans you made to son ✓ No ✓ Yes. Give specific information 		
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); cred	lit, homeowner's, or renter's in:	surance
	No Yes. Name the insurance company of each policy and list its value Company name: Both No Company name: Both No Company name: Both No Both No	eneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance po- entitled to receive property because someone has died	licy, or are currently	
	✓ No✓ Yes. Give specific information		
33.	Claims against third parties, whether or not you have filed a lawsuit or made Examples: Accidents, employment disputes, insurance claims, or rights to sue	a demand for payment	
	✓ No ☐ Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, including countercrights to set off claims	laims of the debtor and	
	No ✓ Yes. Describe each claim Unliquidated FDCPA claim against Pol LLC	rtfolio Recovery Associat	es,\$1,000.00
35.	Any financial assets you did not already list		
	✓ No ☐ Yes. Give specific information		
36.	Add the dollar value of all of your entries from Part 4, including any entries for attached for Part 4. Write that number here		\$4,920.95

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 15 of 75} \\$

Debt	or 1	Horace Earle Case number (if known)	Case number (if known)				
Pa	rt 5:	Describe Any Business-Related Property You Own or Have an Interest In. Lis	t any real estate in Part 1.				
37.	Do you	own or have any legal or equitable interest in any business-related property?					
	_	. Go to Part 6. s. Go to line 38.					
	_		Current value of the portion you own? Do not deduct secured claims or exemptions.				
38.	Accou	nts receivable or commissions you already earned	ciamic of exemptions.				
	☑ No	s. Describe					
		equipment, furnishings, and supplies les: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones desks, chairs, electronic devices	S,				
	☑ No □ Ye	s. Describe					
40.	Machii	nery, fixtures, equipment, supplies you use in business, and tools of your trade					
	☑ No □ Ye	s. Describe					
41.	Invent	ory					
	☑ No	s. Describe					
42.	Interes	ts in partnerships or joint ventures					
	☑ No	s. Describe Name of entity: % of owners	ship:				
43.	Custor	ner lists, mailing lists, or other compilations					
	▼ No □ Ye	s. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe					
44.	Any bu	siness-related property you did not already list					
	☑ No □ Ye	s. Give specific information.					
		e dollar value of all of your entries from Part 5, including any entries for pages you have ed for Part 5. Write that number here	→ \$0.00				
Pa	rt 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Helf you own or have an interest in farmland, list it in Part 1.	ave an Interest In.				
46.	Do you	own or have any legal or equitable interest in any farm- or commercial fishing-related property	?				
		. Go to Part 7. s. Go to line 47.					

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 16 of 75} \\$

Deb	tor 1	Horace Earle	Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a			
		es: Livestock, poultry, farm-raised fish		
	✓ No			
	☐ Yes			
48.	Crops-	either growing or harvested		
	☑ No			
	☐ Yes	s. Give specific		
	info	rmation		
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of tra	ade	
	☑ No			
	Yes	s		
50.	Farm a	nd fishing supplies, chemicals, and feed		
		. , ,		
	✓ No ☐ Yes			
51.	Any far	m- and commercial fishing-related property you did not already list		
	☑ No			
		s. Give specific		
		rmation		
52.		e dollar value of all of your entries from Part 6, including any entries fo d for Part 6. Write that number here		\$0.00
	allacine	u for Part 6. Write that number here	 7	
P	art 7:	Describe All Property You Own or Have an Interest in Tha	nt You Did Not List Above	
53.		have other property of any kind you did not already list? es: Season tickets, country club membership		
	⋈ No			
	ست	s. Give specific information.		
	_			. 1
54.	Add the	e dollar value of all of your entries from Part 7. Write that number here	→	\$0.00
			•	

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 17 of 75} \\$

Debtor 1		Horace Earle	Case number (if known)					
Ρ	art 8:	List the Totals of Each Part of this Form						
55.	Part 1:	Total real estate, line 2		 →	\$663,000.00			
56.	Part 2:	Total vehicles, line 5	\$2,800.00					
57.	Part 3:	Total personal and household items, line 15	\$5,050.00					
58.	Part 4:	Total financial assets, line 36	\$4,920.95					
59.	Part 5:	Total business-related property, line 45	\$0.00					
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00					
61.	Part 7:	Total other property not listed, line 54	+\$0.00					
62.	Total p	personal property. Add lines 56 through 61	\$12,770.95	Copy personal property total	+\$12,770.95			
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$675,770.95			

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 18 of 75

Fill in this inf	ormation to id	entify your	case:					
Debtor 1	Horace		Earle					
	First Name	Middle Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name					
			RN DISTRICT OF	NEW	YORK		— • • • • • • •	
Case number (if known)		<u></u>					Check if this is an amended filing	
, ,	1060							
Official Form Schedule C:		rty You Cl	aim as Exem	ot				04/16
Using the property space is needed, fi write your name an For each item of p is to state a speci	you listed on Schull out and attach to describe the case number (if property you claim fic dollar amount	edule A/B: Propo this page as m known). n as exempt, yo as exempt. Al	nerty (Official Form 10 nany copies of Part ou must specify the ternatively, you may	6A/B) 2: Ad amou	as your source ditional Page a unt of the exem n the full fair m	e, list the as neces aption you	sponsible for supplying correct into property that you claim as exemple sary. On the top of any additional ou claim. One way of doing so alue of the property being	ot. If more
receive certain be exemption of 100°	nefits, and tax-ex % of fair market v	empt retireme alue under a la	nt fundsmay be un	limite empti	ed in dollar amo	ount. He lar dolla	or health aids, rights to owever, if you claim an or amount and the value of the e statutory amount.	
Part 1: Ide	ntify the Prop	erty You Cla	aim as Exempt					
1. Which set of	exemptions are y	ou claiming?	Check one only,	even	if your spouse is	is filing v	vith you.	
	claiming state and claiming federal ex		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	S.C. § 522(b)(3)	3)		
2. For any prop	ertv vou list on S	chedule A/B th	at you claim as exe	mpt. 1	ill in the inform	nation b	elow.	
Brief description of Schedule A/B that	of the property ar	d line on	Current value of the portion you own	Am	ount of the mption you cla		Specific laws that allow exem	otion
			Copy the value from Schedule A/B		eck only one box h exemption	x for		
Brief description: 356 Shear Hill R Line from Schedule		Y 10512	\$419,000.00		\$1.00 100% of fair m value, up to an applicable stat limit	ny	11 U.S.C. § 522(d)(1)	
Brief description:			\$235,000.00	$\overline{\mathbf{A}}$	\$1.00		11 U.S.C. § 522(d)(5)	
38 Vans Terrace Line from Schedule		NY 12449			100% of fair m value, up to an applicable stat limit	ny	(=)(=)	

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 19 of 75

Debtor 1 Horace Earle		Case numbe	er (if known)
Part 2: Additional Page		_	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Timeshare Orange Lake Country Club Week 27 Unit 6321 Orange Lake Country Club. Owed as joint tenants with right of survivorship with non filing spouse.	\$9,000.00	\$7,678.96 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Orange Lake Country Club 8505 W Irlo Bronson Mem Hwy Kissimmee Florida, 34747 Line from Schedule A/B: 1.3			
Brief description: 2006 Buick LaCrosse Sedan 4D CXL (approx. 165,000 miles) Line from Schedule A/B:	\$2,800.00	\$2,800.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: 2 Televisions, 1 Stereo Receiver, 1 VCR, 1 CD Player, 1 Record Player, 2 Speakers, 2 used computers, 1 Dinner Table, 6 Dining Chairs, 2 Stove/Ovens, 1 Microwave, 2 refrigerators, 1 Mirror 1 Bedroom set and other basic household goods and furnishings Line from Schedule A/B:6	!	\$4,500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Music CD's Line from Schedule A/B: 8	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Basic Clothing and other Wearing Appare Line from Schedule A/B:11	\$500.00 I	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: U.S. Currency Line from Schedule A/B:16	\$20.00	\$20.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Checking Account Chase Bank Line from Schedule A/B:	\$1,113.00	\$1,113.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 20 of 75

Debtor 1	Horace Earle			Case number	r (if known)
Part 2:	Additional Page				
	ription of the property and line on A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for th exemption	
Brief description: Savings Account Chase Bank Line from Schedule A/B: 17.3		\$812.00		\$812.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
_	iption: account at KeyBank Schedule A/B:	\$12.95		\$12.95 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
	iption: State Refund Schedule A/B:28	\$1,958.00		\$1,958.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Recovery	iption: Ited FDCPA claim against Portfolio Associates, LLC Schedule A/B: 34	\$1,000.00 		\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 21 of 75

EU to dita to C						
Debtor 1	ormation to iden	tify your case:	Earle			
Debior 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	SOUTHERN DI	STRICT OF NEW YO	DRK_		
Case number					☐ Check if this is	s an
(if known)					amended filing	
Official Form	106D					
	-	o Have Clai	ms Secured by	/ Property		12/15
			d people are filing tog	. ,		
1. Do any credit No. Che Yes. Fill Part 1: Lis	tors have claims sec	ured by your prop t this form to the co in below.	ourt with your other sche	,	ning else to report on thi	is form.
claim, list the creditor has a	creditor separately for particular claim, list the ible, list the claims in	each claim. If mor	re than one n Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the page 1		\$465,789.34	\$235,000.00	\$230,789.34
Baview Loan Se Creditor's name PO Box 650091 Number Street	ervicing	— 38 Vans Ter Katrine, NY				
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed						
Date dept was IIIC	2002	Last 4 digits (or account number	<u> </u>		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$465,789.34

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 22 of 75

Debtor 1	Horace Earle	Case number (if known)			
Part 1:	Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor's nam	64964	Describe the property that secures the claim: Timeshare	\$1,321.04	\$9,000.00	
Orlando City Who owes Debtor Debtor At least Check is	•	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Maintenance Last 4 digits of account number	mortgage or secured	car loan)	
Creditor's name	egat Road	Describe the property that secures the claim: 356 Shear Hill Road Carel, NY 10512	\$29,663.00	\$0.00	\$29,663.00
Poughkee City Who owes Debtor Debtor At least Check	epsie NY 12601 State ZIP Code the debt? Check one. 1 only	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Check Credit or Line of Cred	mortgage or secured echanic's lien)	car loan)	
Date debt v	vas incurred 10/2014	Last 4 digits of account number	0 0 0 2		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$30,984.04

Debtor 1 Hora	ace Earle		_ Case number (if	known)	
Part 1: Aft	Iditional Page er listing any entries on quentially from the previo		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Keybank Na Creditor's name 4910 Tiedman F Number Street	Road	Describe the property that secures the claim: 356 Shear Hill Road Carel, NY 10512	\$22,494.00	\$0.00	\$22,494.00
Brooklyn City Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and I At least one of Check if this to a commun	Debtor 2 only f the debtors and another claim relates ity debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, months) Judgment lien from a lawsuit Other (including a right to offset) Home Improvement Last 4 digits of account number	mortgage or secured	car loan)	
2.5	gage / Mr. Cooper	Describe the property that secures the claim: 356 Shear Hill Road Carel, NY 10512	\$593,686.30	\$419,000.00	\$174,686.30
Check if this to a commun	Debtor 2 only f the debtors and another claim relates	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many disputed) Judgment lien from a lawsuit Other (including a right to offset) Mortgage	mortgage or secured	car loan)	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$616,180.30

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 24 of 75

Debtor 1 Horace Earle		_ Case number (if	known)	
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Specialized Loan Servicing Creditor's name 8742 Lucent Blvd Suite 300 Number Street	Describe the property that secures the claim: 356 Shear Hill Road Carel, NY 10512	\$59,684.40	\$0.00	\$59,684.40
Highlands Ranch CO 80129 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, multiple) Judgment lien from a lawsuit Other (including a right to offset) Mortgage	s mortgage or secured	car loan)	
Date debt was incurred	Last 4 digits of account number	2 3 1 8		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$59,684.40

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$1,172,638.08

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 25 of 75

Debtor 1	Horace Earle			Case number (if known)	
Part 2:	List Others to Be Notifie	d for a	Debt That You	u Already Listed	
example, i	if a collection agency is trying to co ne collection agency here. Similarl ditional creditors here. If you do n	ollect fro y, if you	m you for a debt have more than	uptcy for a debt that you already listed in Part 1. For tyou owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, as to be notified for any debts in Part 1, do not fill out or	
Na 17	ross Polowy, LLC Ime 175 Wehrle Drive, Suite 100 Imber Street			On which line in Part 1 did you enter the creditor? Last 4 digits of account number	2.5
W Cit	illiamsville y	NY State	14221 ZIP Code		

PULL AND ALLER AND AND ARREST									
Fill in this information to iden	tiry your case								
Debtor 1 Horace First Name	Middle Name	Earle Last Name							
	Wildale Harrie	Last Name							
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name							
(opouse, in initial)									
United States Bankruptcy Court for the	: SOUTHERN D	ISTRICT OF NEW YORK							
Case number						П	Check if th	ie ie a	ın
(if known)						_	amended f		
Official Form 106E/F			-						
Schedule E/F: Creditors V	Nho Have II	nsecured Claims							12
Jonedale E/I : Orealtors v	viio nave o	niscourca Olannis							
i more space is needed, copy the Part of this page. On the top of any addition that I have been spaced as the part 1: List All of Your PRICE.	onal pages, write	your name and case number			ine leit.	Alla	on the CO	imiuc	auon raye
. Do any creditors have priority un									
	secured ciairis a	ganist you:							
									•
✓ Yes.	fy what type of clain mounts. As much nsecured claims, fi t 3.	m it is. If a claim has both prior as possible, list the claims in a ill out the Continuation Page of	ity an phab Part 1 ructio	d non etical I. If m	priority a order ad nore tha	amou ccord n one	nts, list thating to the cereditor h	t clain redito	n here and r's name. If particular Nonpriori
Yes. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority armore space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of	fy what type of clain mounts. As much nsecured claims, fi t 3.	m it is. If a claim has both prior as possible, list the claims in a ill out the Continuation Page of	ity an phab Part 1 ructio	d non etical I. If m	priority a order ad nore tha klet.	amou ccord n one	nts, list thating to the centre of the centr	t clain redito	n here and r's name. If particular
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Yes. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority an more space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of	fy what type of clain mounts. As much nsecured claims, fi t 3. claim, see the inst	m it is. If a claim has both prior as possible, list the claims in a ill out the Continuation Page of	ity and phabe Part 1	d non etical I. If m on boo Total	priority a order ad order ad order tha whether that the claim \$146.0	emou ecord n one	nts, list that ing to the concentration has been determined by the concentration of the conce	at clain credito olds a	n here and r's name. If particular Nonpriori amount
Yes. 2. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority an more space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of 2.1 Child Support Enforcement Priority Creditor's Name PO Box 14	fy what type of clain mounts. As much nsecured claims, fit 3. claim, see the inst	m it is. If a claim has both prior as possible, list the claims in a ill out the Continuation Page of tructions for this form in the ins	ity and phabe Part 1	d non etical I. If mon boo Total	priority a order ad order ad order tha whether that the claim \$146.0	emou ecord n one	nts, list that ing to the concentration has been determined by the concentration of the conce	at clain credito olds a	n here and r's name. If particular Nonpriori amount
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Yes. List all of your priority unsecured claim. For each claim listed, identify show both priority and nonpriority and more space is needed for priority unclaim, list the other creditors in Part (For an explanation of each type of 2.1 Child Support Enforcement Priority Creditor's Name PO Box 14 Jumber Street Albany NY 122 Albany State ZIP	y what type of claim mounts. As much insecured claims, fit 3. claim, see the instance where we have a claim where where we have a claim where where where we have a claim where where where where where where where where we have a claim where	m it is. If a claim has both prior as possible, list the claims in a sill out the Continuation Page of tructions for this form in the inset 4 digits of account number en was the debt incurred? of the date you file, the claim Contingent Unliquidated Disputed	ity an phabip Part 1 ruction 4 02/2 is: C	d non etical I. If mon boo Total	priority a order ac order ac order that klet. claim \$146.0	occord n one	nts, list thating to the cereditor he creditor he priority amount	at clain credito olds a	n here and r's name. If particular Nonpriori amount
Yes. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority an more space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of 2.1 Child Support Enforcement Priority Creditor's Name PO Box 14 Sumber Street Albany NY 122 Who incurred the debt? Check one.	y what type of claim mounts. As much insecured claims, fit 3. claim, see the instance where we have a claim where we have a claim and the claim where where we have a claim and the cla	m it is. If a claim has both prior as possible, list the claims in a fill out the Continuation Page of tructions for this form in the inset 4 digits of account number en was the debt incurred? of the date you file, the claim Contingent Unliquidated Disputed oe of PRIORITY unsecured claims	ity an phabip Part 1 ruction 4 02/2 is: C	d non etical I. If mon boo Total	priority a order ac order ac order that klet. claim \$146.0	occord n one	nts, list thating to the cereditor he creditor he priority amount	at clain credito olds a	n here and r's name. If particular Nonpriori amount
Yes. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority an more space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of 2.1 Child Support Enforcement Priority Creditor's Name PO Box 14 Sumber Street Albany NY 122 Who incurred the debt? Check one.	y what type of claim mounts. As much insecured claims, fit 3. claim, see the instance where we have a claim where we have a claim and the claim where where we have a claim and the cla	m it is. If a claim has both prior as possible, list the claims in a sill out the Continuation Page of tructions for this form in the instant 4 digits of account number en was the debt incurred? of the date you file, the claim Contingent Unliquidated Disputed Doe of PRIORITY unsecured claim comestic support obligations	ity and phabe Part 1 ruction 4 02/2 is: C	d non etical I. If m n boo Total 8	priority a order achore that klet. claim \$146.0	amou ccord n one	nts, list that ing to the cereditor here. Priority amount	at clain credito olds a	n here and r's name. If particular Nonpriori amount
Z. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority an more space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of Z.1 Child Support Enforcement Priority Creditor's Name PO Box 14 Number Street Albany NY 122 Albany State ZIP Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	y what type of claim mounts. As much insecured claims, fit 3. claim, see the instance where we have a claim and the claim are the instance where we have a claim and the claim are the instance where we have a claim are the cla	m it is. If a claim has both prior as possible, list the claims in a sill out the Continuation Page of tructions for this form in the instructions for this form in the instructions for this form in the instructions for the form in the instructions for the form in the instructions for the debt incurred? of the date you file, the claim Contingent Unliquidated Disputed oe of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts Claims for death or personal in	ity and phabbe part 1 ruction 4 02/2 is: C	d non etical I. If m n boo Total 8 0018	priority a order achore that klet. claim \$146.0 Q A	on apply	nts, list that ing to the cereditor here. Priority amount	at clain credito olds a	n here and r's name. If particular Nonpriori amount
2. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority armore space is needed for priority unclaim, list the other creditors in Part (For an explanation of each type of 2.1 Child Support Enforcement Priority Creditor's Name PO Box 14 Number Street Albany NY 122 Albany State ZIP Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another.	y what type of claim mounts. As much insecured claims, fit 3. claim, see the instance where we have a claim and the content of the content o	m it is. If a claim has both prior as possible, list the claims in a sill out the Continuation Page of tructions for this form in the instructions for this form in the instructions for this form in the instructions for the form in the instructions for the form in the instructions for the instructions for the instructions of the date you file, the claim Contingent Unliquidated Disputed Doe of PRIORITY unsecured claims of PRIORITY unsecured claims for death or personal in intoxicated	ity and phabbe part 1 ruction 4 02/2 is: C	d non etical I. If m n boo Total 8 0018	priority a order achore that klet. claim \$146.0 Q A	on apply	nts, list that ing to the cereditor here. Priority amount	at clain credito olds a	n here and r's name. If particular Nonpriori amount
2. List all of your priority unsecured claim. For each claim listed, identif show both priority and nonpriority an more space is needed for priority ur claim, list the other creditors in Part (For an explanation of each type of 2.1 Child Support Enforcement Priority Creditor's Name PO Box 14 Number Street Albany NY 122 City State ZIP Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	y what type of claim mounts. As much insecured claims, fit 3. claim, see the instance where we have a claim and the content of the content o	m it is. If a claim has both prior as possible, list the claims in a sill out the Continuation Page of tructions for this form in the instructions for this form in the instructions for this form in the instructions for the form in the instructions for the form in the instructions for the debt incurred? of the date you file, the claim Contingent Unliquidated Disputed oe of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts Claims for death or personal in	ity and phabbe part 1 ruction 4 02/2 is: C	d non etical I. If m n boo Total 8 0018	priority a order achore that klet. claim \$146.0 Q A	on apply	nts, list that ing to the cereditor here. Priority amount	at clain credito olds a	n here and r's name. If particular Nonpriori amount

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 27 of 75} \\$

Debtor 1	Horace Earle	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims	
3. Do any	creditors have nonpriority unsecured	claims against you?	
— —	 You have nothing to report in this part. 	Submit this form to the court with your other schedules.	
If a cre type of	ditor has more than one nonpriority unsection it is. Do not list claims already incl	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify wholded in Part 1. If more than one creditor holds a particular claim, list the other creditors insecured claims, fill out the Continuation Page of Part 2. Total cl	s in
4.1			05400
ب	Cablo	Last 4 digits of account number	354.22
Nonpriority Cr	editor's Name	When was the debt incurred? 2017	
	cast Center		
Number	Street	As of the date you file, the claim is: Check all that apply. Contingent	
		Unliquidated	
Dhiledelah	-i- DA 40402	Disputed	
Philadelph City	PA 19103 State ZIP Code	- Type of NONPRIORITY unsecured claim:	
Who incurr	ed the debt? Check one.	Student loans	
☑ Debtor	•	Obligations arising out of a separation agreement or divorce	
Debtor 2	z only 1 and Debtor 2 only	that you did not report as priority claims	
	one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is for a community debt	✓ Other. Specify Cable Service	
ш	subject to offset?	Cubic Col Vico	
√ No	•		
Yes			
4.2		49	541.00
	alley Federal		341.00
Nonpriority Cr		- <u> </u>	
159 Barne	<u> </u>	<u></u>	
Number	Street	As of the date you file, the claim is: Check all that apply. Contingent	
		Unliquidated	
D lalar .		Disputed	
Poughkee City	NY 12601 State ZIP Code	Type of NONPRIORITY unsecured claim:	
•	ed the debt? Check one.	Student loans	
☑ Debtor	•	Obligations arising out of a separation agreement or divorce	
Debtor 2	•	that you did not report as priority claims	
	1 and Debtor 2 only one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt	✓ Other. Specify Credit Card	
_	subject to offset?	Great Cara	
✓ No	. Judget to officer.		
Yes			

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 28 of 75} \\$

Debtor 1 Horace Earle	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$7,801.00
Keybank, Na	Last 4 digits of account number 6 1 5 8	
Nonpriority Creditor's Name	When was the debt incurred? 08/30/2016	
PO Box 94518 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Claveland OU 44404	Disputed	
Cleveland OH 44101 City State ZIP Code	Type of NONERIORITY uncopured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.4		\$356.93
New York Life Insurance Co.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 2017	
51 Madison Ave Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
N. V. I. NIV. 40040	Disputed	
New York NY 10010 City State ZIP Code	Time of NONDRIGHTY arrangement algins	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Life Insurance	
Is the claim subject to offset?		
No Vos		
Yes		
4.5		\$3,906.00
Portfolio Recov Associates LLC	Last 4 digits of account number 9 4 1 0	Ψ5,500.00
Nonpriority Creditor's Name	Last 4 digits of account number 9 4 1 0 When was the debt incurred? 12/2017	
120 Corporate Blvd		
Number Street	As of the date you file, the claim is: Check all that apply.	
-	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	Disputed	
Norfolk VA 23502 City State ZIP Code	Towns of MONDRIORITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Factoring Company Account	
Is the claim subject to offset?		
₩ No		
Yes		

Debtor 1 Horace Earle	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$534.14
Spectrum	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 201	
PO Box 742663 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Cincinnati OH 45274-2663	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Cable Service	
Is the claim subject to offset?		
☑ No		
Yes		
4.7		\$5,142.00
Tdrcs/pilgrim Furniture	Last 4 digits of account number 2 6 1 7	Ψο,: :=:οο
Nonpriority Creditor's Name	When was the debt incurred? 10/2016	
1000 Macarthur Blvd Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Mahway NJ 07430	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
₩ No		
Yes		
4.8		\$632.00
Upstate Collection Center Inc	Last 4 digits of account number 4 1 4 7	Ψ002.00
Nonpriority Creditor's Name	When was the debt incurred? 08/2017	
1759 Union Street Number Street	As of the date you file, the claim is: Check all that apply.	
- Circle	_ ☐ Contingent	
	Unliquidated	
Schenectady NY 12309	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collection Attorney	
Is the claim subject to offset?	•	
☑ No		
Yes		

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 30 of 75}$

Debtor 1 F	Horace Earle	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing a previous page	ny entries on this page, number the e.	m sequentially from the	Total claim
Waypoint Re Nonpriority Credit 301 Sundand Number Stre	ce Parkway	Last 4 digits of account number 7 5 7 5 When was the debt incurred? 06/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
At least on Check if the	State ZIP Code I the debt? Check one. only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney	

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 31 of 75}$

Debtor 1	Horace Earle		Case number (if known)
Part 3:	List Others to Be	Notified About	a Debt That You Already Listed
For ex credit debts	cample, if a collection ag or in Parts 1 or 2, then li	gency is trying to co st the collection ag 1 or 2, list the addit	ed about your bankruptcy, for a debt that you already listed in Parts 1 or 2. collect from you for a debt you owe to someone else, list the original gency here. Similarly, if you have more than one creditor for any of the cional creditors here. If you do not have additional parties to be notified for this page.
American	Honda		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 600 Kelly	Way		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
Holyoke City	MA State	01040 ZIP Code	- Last 4 digits of account number <u>0 4 6 7</u>
Keybank	Na		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 4910 Tied Number	Iman Road Street		Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Brooklyn City	OH State	44144 ZIP Code	Last 4 digits of account number
Syncb/jcp)		On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 9 Number	65007 Street		Lineof (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Orlando City	FL State	32896 ZIP Code	- Last 4 digits of account number 9 4 1 0
	Collection Center, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 650 Frank Number	clin Street - Suite 312 Street		Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Schenect City	ady NY State	12305 ZIP Code	Last 4 digits of account number
Waypoint	Resource Group LLC	;	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 1	 081		Line 4.9 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			- Last 4 digits of account number
San Anto	nio TX State	78294-1081 ZIP Code	

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 32 of 75

Debtor 1	Horace Earle	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$146.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🛨	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$146.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 🛨	\$19,621.29
	6j.	Total. Add lines 6f through 6i.	6j.	\$19,621.29

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 33 of 75

Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	Horace First Name	Middle Name	Earle Last Name	_	
	riisi name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court fo	or the: SOUTHERN D	ISTRICT OF NEW YORK	_	
Case number (if known)					Check if th

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 34 of 75

					_				
7	ll in this info	ormation to iden	tify your case:						
De	ebtor 1	Horace		Earle					
		First Name	Middle Name	Last Name					
	ebtor 2	=							
(S	pouse, if filing)	First Name	Middle Name	Last Name					
Ur	nited States Ban	kruptcy Court for the	: SOUTHERN DIST	TRICT OF NEW YORK					
Ca	ase number					Check if this is an			
(if	known)				_	amended filing			
						· ·			
∩fi	ficial Form	106H							
							404		
5 C	neaule H:	Your Codebt	ors				12/1		
two nee pag	married peopleded, copy the A	e are filing together Additional Page, fill of any Additional Pa	, both are equally re it out, and number tl ges, write your nam	y debts you may have. Be sponsible for supplying cone entries in the boxes on e and case number (if kno	orrect information. It the left. Attach the own). Answer every	f more space is Additional Page to this			
1.	Do you have a ✓ No Yes	iny codebtors? (If	f you are filing a joint o	case, do not list either spou	se as a codebtor.)				
2.		•	•	y property state or territory ew Mexico, Puerto Rico, Tex		•			
	☑ No. Go to	line 3.							
	Yes. Did	your spouse, former	spouse, or legal equi	valent live with you at the tir	me?				
3.	In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on <i>Schedule D</i> (Official Form 106D), <i>Schedule E/F</i> (Official Form 106E/F), or <i>Schedule G</i> (Official Form 106G). Use <i>Schedule D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.								
	Column 1:	Your codebtor			Column 2: The cree	ditor to whom you owe th	e deht		

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 35 of 75

F	ill in this inforn	nation to id	dentify your case:								
	Debtor 1	Horace First Name	Middle Name	Earle Last Name							
		riistivaille	wildlie Name	Lastivaille			Che	ck if this is:			
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing			
	United States Bank	ruptcy Court f	or the: SOUTHERN	DISTRICT OF N	EW \	YORK		A supplement showing postpetition chapter 13 income as of the following date:			
Case number (if known)								MM / DD / YYYY			
Of	ficial Form 10	061						William Control			
	chedule I: Yo		ne					12/15			
res inc abo you	ponsible for suppl lude information a out your spouse. If ur name and case r	ying correct bout your sp f more space	information. If you are ouse. If you are separ is needed, attach a se own). Answer every q	e married and not ated and your spo parate sheet to th	filing ouse	jointly, and is not filing v	your s vith y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write			
1.	Fill in your emplo		,								
	information.	- Julion		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more to job, attach a sepa with information a	rate page	Employment status	nt status				☐ Employed ✓ Not employed			
	additional employ	ers.	Occupation	Auto Salesma				E Not omployed			
	Include part-time,	seasonal,	Codpanon	<u>rato Galesina</u>				-			
	or self-employed work.		Employer's name	Romeo Chevrolet							
	Occupation may include student or homemaker, if it applies.		Employer's address	Lake Katrine, NY Number Street			Number Street				
								-			
				City		State Zip Co	ode	City State Zip Code			
			How long employed th	nere? <u>6 mont</u>	hs						
P	art 2: Give D	Details Abo	out Monthly Incom								
			•		ing to	roport for on	v lino	write CO in the energy Include your			
	n-filing spouse unles			n. II you have nou	ing ic	report for ar	ıy iirie,	, write \$0 in the space. Include your			
-			more than one employerate sheet to this form.	er, combine the inf	ormat	tion for all em	ployer	rs for that person on the lines below. If			
						For Debtor	1	For Debtor 2 or non-filing spouse			
2.			lary, and commissions monthly, calculate what		2.	<u>\$1,80</u>	2.67	\$0.00			
3.	Estimate and list	monthly ove	rtime pay.		3.	+\$	0.00	<u>\$0.00</u>			
4.	Calculate gross i	ncome. Add	line 2 + line 3.		4.	\$1,80	2.67	\$0.00			

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Horace Earle		Case nun	ıber (if k	nown)				
				For Debtor 1		ebtor 2 or ling spouse				
	Сор	by line 4 here	4.	\$1,802.67		\$0.00	_			
5.	List	all payroll deductions:								
		Tax, Medicare, and Social Security deductions	5a.	\$188.68		\$0.00				
		Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00				
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00				
	5d.	Required repayments of retirement fund loans	5d.	\$0.00		\$0.00				
	5e.	Insurance	5e.	\$0.00		\$0.00				
	5f.	Domestic support obligations	5f.	\$123.33		\$0.00				
	5g.		5g.	\$0.00		\$0.00				
	5h.	Other deductions. Specify:	5h. -	\$0.00		\$0.00				
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$312.01		\$0.00				
7.	Cald	Subtract line 6 from line 4.	7.	\$1,490.66		\$0.00				
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		\$0.00				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.								
	8b.	Interest and dividends	8b.	\$0.00		\$0.00				
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	_	\$0.00				
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.								
	8d.	Unemployment compensation	8d.	\$0.00		\$0.00				
	8e.	Social Security	8e.	\$0.00	-	\$0.00				
	8f.	Other government assistance that you regularly receive								
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.	\$0.00		\$0.00				
	8g.	Pension or retirement income	- 8g.	\$0.00		\$0.00				
	8h.	Other monthly income.				<u> </u>				
		Specify: See continuation sheet	8h.	\$4,200.00		\$0.00				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.		9.	\$4,200.00		\$0.00				
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$5,690.66		\$0.00	Γ	\$5,690.66		
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,090.00	+	\$0.00	=[\$5,090.00		
11.	11. State all other regular contributions to the expenses that you list in Schedule J.									
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.									
	Do r	Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.								
	Spe	cify:				11.	+	\$0.00		
							Γ			
12.	inco	I the amount in the last column of line 10 to the amount in line 11. ome. Write that amount on the Summary of Your Assets and Liabilities applies.						\$5,690.66 Combined		
				_			r	nonthly income		
13.		you expect an increase or decrease within the year after you file the	his fo	rm?						
	✓	No. None.								
		Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Deb	tor 1 Horace Earle				Case nur	mber (if known)		-
1.	Additional Employers	Debtor 1			Debtor 2 or no	n-filing spouse		
	Occupation Employer's name Employer's address	Real Estate Agent Rebelo Realty, LLC						_
	How long employed th	City ere? 2 years	State	Zip Code	City	State	Zip Code	-
8h	Other Monthly Income	(dotails)			For Debtor 1	For Debtor 2 or non-filing spouse		
011.	Rental Income 38 Va	•			\$1,800.00			
	Rental Income 356 S	hear Hill Road			\$2,400.00			
				Totals:	\$4,200.00	\$0.00		

Official Form 106l Schedule I: Your Income page 3

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 38 of 75}$

G	ill in this inforn	nation to iden	tify your case:			1. 26.41		
	Debtor 1	Horace		Earle	l	eck if thi	ıs ıs: nended filing	
	Deptor 1	First Name	Middle Name	Last Name	 ¦	A sup	plement showing er 13 expenses a	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			ing date:	s or the
	United States Bank	ruptcy Court for th	ne: SOUTHERN DIS	TRICT OF NEW YORK		MM / I	DD / YYYY	<u> </u>
	Case number (if known)					IVIIVI / I	71111	
C ₁	fficial Form 10)6.I						
	chedule J: Yo		es					12/15
naı	rrect information. I me and case numb	f more space is	needed, attach anothe nswer every question.	ople are filing together, b r sheet to this form. On t				
1.	Is this a joint cas	e?						
2.	□ No □ Ye Do you have dep Do not list Debtor	S. Debtor 2 live in a s. Debtor 2 must endents?	No	Dobtor 1 or F	relationsh		r 2. Dependent's age	Does dependent live with you?
	Debtor 2.		rer each appendent.	Daughter			17	□ No
	Do not state the d names.	ependents'		<u>Daughter</u>			11	- ☑ Yes
3.	Do your expense expenses of peolyourself and you	ple other than	☑ No □ Yes					Yes No Yes
P	Part 2: Estima	ate Your Ong	oing Monthly Expe	enses				
to		of a date after the	ne bankruptcy is filed.	less you are using this fo If this is a supplemental			•	
				ance if you know the valu come (Official Form 106I.			Your expens	ses
4.		•	penses for your resided				4.	\$2,892.39
	If not included in	line 4:						
	4a. Real estate t	axes					4a	
	4b. Property, hor	meowner's, or ren	ter's insurance				4b	
	4c. Home mainte	enance, repair, an	d upkeep expenses				4c	
	4d Homeowner's	s association or c	ondominium dues				4d.	

Deb	tor 1 Horace Earle Case number	se number (if known)			
		Your e	expenses		
5.	Additional mortgage payments for your residence, such as home equity loans	5			
6.	Utilities:				
	6a. Electricity, heat, natural gas	6a	\$600.00		
	6b. Water, sewer, garbage collection	6b			
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$200.00		
	6d. Other. Specify: Cell Phone	6d	\$280.00		
7.	Food and housekeeping supplies	7	\$600.00		
8.	Childcare and children's education costs	8			
9.	Clothing, laundry, and dry cleaning (See continuation sheet(s) for detail	l s) 9	\$100.00		
10.	Personal care products and services	10	\$70.00		
11.	Medical and dental expenses	11	\$60.00		
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$280.00		
13.	Entertainment, clubs, recreation, newspapers, magazines, and books				
14.	. Charitable contributions and religious donations				
15.	Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insurance	15a.			
	15b. Health insurance	15b.			
	15c. Vehicle insurance	15c.	\$250.00		
	15d. Other insurance. Specify:	15d.			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	 16.			
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1	17a			
	17b. Car payments for Vehicle 2	17b.			
	17c. Other. Specify:	17c			
	17d. Other. Specify:	17d			
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18			
19.	Other payments you make to support others who do not live with you.				
	Specify: Daughter age 11	19	\$380.00		

Debtor 1		Horace Earle	Case number (if known)	
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	r. Specify: See continuation sheet	21. +	\$2,445.73
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a.	\$8,158.12
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$8,158.12
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$5,690.66
	23b.	Copy your monthly expenses from line 22c above.	23b. –	\$8,158.12
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	(\$2,467.46)
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortga	. ,	
	V	No		
		Yes. Explain here: None.		

Deb	otor 1 Horace Earle	Case number (if known)	
9.	Clothing, laundry, and dry cleaning (details): Clothing Dry Cleaning		\$80.00 \$20.00
		Total:	\$100.00
21.	Other. Specify: Utility Expenses for Lake Katrine Home Mortgage on Lake Katrine Home Water for Lake Katrine Home Waste & Garbarge for Lake Katrine Home		\$400.00 \$1,815.73 \$50.00 \$30.00
	Cable for Lake Katrine Home		\$150.00
		Total:	\$2,445.73

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 42 of 75

Ŀ	ill in this inf	ormation to	identify your case	:		
D	ebtor 1	Horace		Earle		
		First Name	Middle Name	Last Name	-	
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	-	
U	Inited States Ba	nkruptcy Court f	or the: SOUTHERN D	ISTRICT OF NEW YORK	_	
	ase number f known)				☐ Check i	f this is an ed filing
O	fficial Form	106Sum			_	
_			ets and Liabilit	ties and Certain Sta	tistical Information	12/15
scl	rrect information hedules after you	on. Fill out all o	of your schedules first; ginal forms, you must	then complete the informati	, both are equally responsible for on this form. If you are filing theck the box at the top of this	g amended
						Your assets Value of what you own
1.	Schedule A/B	: Property (Offic	ial Form 106A/B)			•
	1a. Copy line	e 55, Total real e	estate, from Schedule A	/B		\$663,000.00
	1b. Copy line	e 62, Total perso	onal property, from Sche	edule A/B		\$12,770.95
	1c. Copy line	e 63, Total of all	property on Schedule A	VB		\$675,770.95
E	Part 2: Su	mmarize Yo	ur Liabilities			
						Your liabilities Amount you owe
2.				Property (Official Form 106D) f claim, at the bottom of the last) st page of Part 1 of Schedule D	\$1,172,638.08
3.				os (Official Form 106E/F) ured claims) from line 6e of Sc	hedule E/F	\$146.00
	3b. Copy the	e total claims fro	m Part 2 (nonpriority un	secured claims) from line 6j of	Schedule E/F	+ \$19,621.29
					Your total liabilities	\$1,192,405.37
	Part 3: Su	mmarize Yo	ur Income and Exp	penses		
4.		our Income (Offmbined monthly		Schedule I		\$5,690.66
5.			Official Form 106J) from line 22c of Schedu	ıle J		\$8,158.12

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 43 of 75

Debtor 1		Horace Earle	case number (if known)			
Р	art 4:	Answer These Questions for Administrative and Statistic	cal Records			
6.	Are you	filing for bankruptcy under Chapters 7, 11, or 13?				
	□ No ☑ Ye	. You have nothing to report on this part of the form. Check this box and sus	ubmit this form to the court with your other schedules.			
7.	What ki	nd of debt do you have?				
	<u> </u>	ur debts are primarily consumer debts. Consumer debts are those "incunily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis				
		ur debts are not primarily consumer debts. You have nothing to report of form to the court with your other schedules.	on this part of the form. Check this box and submit			
8.		From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$6,172.2				
9.	Copy th	e following special categories of claims from Part 4, line 6 of Schedule	e E/F:			
			Total claim			
	From P	art 4 on Schedule E/F, copy the following:				
	9a. Do	mestic support obligations. (Copy line 6a.)	\$146.00			
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$0.00			
	9c. Cla	nims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00			
	9d. Stu	ident loans. (Copy line 6f.)	\$0.00			
		ligations arising out of a separation agreement or divorce that you did not re ority claims. (Copy line 6g.)	eport as \$0.00			

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$146.00

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 44 of 75

				-
Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Horace		Earle	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
		or the: SOUTHERN D	ISTRICT OF NEW YORK	
	Tikrupicy Court ic	ule. <u>300 MERRIT D</u>	IOTRICT OF NEW TORK	
Case number (if known)				Check if this is an amended filing
0(":	4000] amended ming
Official Form				
Declaration	About an I	ndividual Debt	or's Schedules	12/15
Sig	ın Below			
Did you pay	or agree to pay	someone who is NOT	an attorney to help you fill ou	t bankruptcy forms?
☑ No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalt		eclare that I have read	the summary and schedules	filed with this declaration and that they are
X /s/ Horac	e Earle		x	
Horace Ea	ırle, Debtor 1	<u> </u>	Signature of Debtor 2	

Date 10/23/2018

MM / DD / YYYY

MM / DD / YYYY

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 45 of 75

Fill in this in	nformation to	identify your case	:	
Debtor 1	Horace		Earle	1
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filin	g) First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the: SOUTHERN D	ISTRICT OF NEW YORK	
Case number				Check if this is an
(if known)				Check if this is an amended filing
Official For	m 107			
Statomont	of Einancia	I Affaire for Ind	lividuals Filing for E	ankruntov
3e as complete	and accurate as	possible. If two marrie	ed people are filing together,	both are equally responsible for supplying
	·	nown). Answer every	question. Status and Where You L	ived Before
1. What is vo	ur current marital	status?		
Married		otatuo:		
☐ Not ma	rried			
2. During the	last 3 years, have	you lived anywhere c	other than where you live nov	1?
☑ No				
□ V ₂₂ 1:	ist all of the places	vou lived in the last 3 v		
☐ Yes. Li	ist all of the places	you lived in the last 5 y	ears. Do not include where yo	u live now.
3. Within the (Community	last 8 years, did y	ou ever live with a spo	ouse or legal equivalent in a	u live now. community property state or territory? ana, Nevada, New Mexico, Puerto Rico, Texas,
3. Within the (Community Washington	last 8 years, did y y property states an n, and Wisconsin.)	rou ever live with a spond territories include Ari	ouse or legal equivalent in a	community property state or territory?

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 46 of 75

Debtor 1 Horace Earle Ca				Case nur	Case number (if known)			
Pa	rt 2:	Explain the Sources of Y	our Income					
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.								
	☐ No ☑ Yes. Fill in the details.							
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions		
		ary 1 of the current year until u filed for bankruptcy:	✓ Wages, commissions, bonuses, tips	\$15,161.38	Wages, commissions, bonuses, tips			
			Operating a business		Operating a business			
		calendar year:	✓ Wages, commissions, bonuses, tips	\$15,528.00	☐ Wages, commissions, bonuses, tips			
(Janı	uary 1 to	o December 31, <u>2017</u>)	Operating a business		Operating a business			
For t	the cale	endar year before that:	✓ Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips			
(Janı	uary 1 to	o December 31,	Operating a business		Operating a business			
	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List ead	ch source and the gross income fro	om each source separately.	Do not include income	that you listed in line 4.			
	□ No ☑ Yes	s. Fill in the details.						
			Debtor 1		Debtor 2			
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions		
		ary 1 of the current year until u filed for bankruptcy:	Rental Income	\$33,600.00				
For t	ho lact	calendar year:	Rental Income	\$8,000.00				
		o December 31, 2017)	Real Estate Sales	\$4,101.00				
		endar year before that:						
(Janı	uary 1 to	o December 31, <u>2016</u>)						

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 47 of 75

Del	otor 1	Horace Earle Case number (if known)
P	art 3:	List Certain Payments You Made Before You Filed for Bankruptcy
6.	Are eith	er Debtor 1's or Debtor 2's debts primarily consumer debts?
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?
		□ No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
		* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.
	√ Yes	Debtor 1 or Debtor 2 or both have primarily consumer debts.
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
		✓ No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
7.	Insiders corporat agent, ir	year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony.
	✓ No ☐ Yes	. List all payments to an insider.
8.		year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that dan insider?
	Include	payments on debts guaranteed or cosigned by an insider.
	✓ No ☐ Yes	. List all payments that benefited an insider.

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 48 of 75

Debtor 1		Horace Earle			Case number (if known)			
P	art 4:	Identify Legal Act	ons, Repossessions, and	l Foreclosures				
9.	List all s modifica	such matters, including pe ations, and contract dispu	or bankruptcy, were you a party rsonal injury cases, small claims es.			-	_	
_		s. Fill in the details.		•			6.11	
	e title Itsche F	Bank vs. Horace	Nature of the case Foreclosure	Court or age	ency Court of Putnam		of the case	
Ear		Sank vo. Horaco	1 0100100dil 0	Court Name	our or r unium	<u>oounty</u>	✓ Pending	
				Number Str	oot		On appeal	
Cas	e numbe	r 500606/18		- Number 3th			☐ Concluded	
				Oit.	04-4-	710.0-1-		
				City	State	ZIP Code		
10.	seized,	1 year before you filed for or levied? all that apply and fill in the	or bankruptcy, was any of your details below.	property repossessed,	foreclosed, garnis	hed, attached,		
		Go to line 11. Fill in the information be	elow.					
11.		•	for bankruptcy, did any credito refuse to make a payment bec	•	nancial institution	, set off any		
	✓ No ☐ Yes	s. Fill in the details.						
12.		•	or bankruptcy, was any of your eiver, a custodian, or another o		sion of an assigned	e for the benefit	of	
	✓ No ☐ Yes	s						
P	art 5:	List Certain Gifts	and Contributions					
13.	Within 2	2 years before you filed	or bankruptcy, did you give an	y gifts with a total value	of more than \$60	0 per person?		
	✓ No ☐ Yes	s. Fill in the details for eac	h gift.					
14.		2 years before you filed to charity?	or bankruptcy, did you give an	y gifts or contributions	with a total value	of more than \$60	00	
	✓ No ☐ Yes	s. Fill in the details for each	ch gift or contribution.					

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 49 of 75

Debtor 1 Horace Earle					Case number (if kn	own)		
P	art 6:	List Certain	Los	ses				
15.		year before you saster, or gamb		for bankrup	otcy or since you filed for bankruptcy	, did you lose anyt	hing because of th	eft, fire,
	✓ No ☐ Yes	. Fill in the detail	S.					
P	art 7:	List Certain	Pay	ments or	Transfers			
16.	anyone	you consulted a	bout	seeking ban	otcy, did you or anyone else acting or kruptcy or preparing a bankruptcy per reparers, or credit counseling agencies	etition?		
	□ No ▼ Yes	. Fill in the detail	S.					
	v Office	s of Gus Micha as Paid	iel Fa	rinella, PC	Description and value of any proper	rty transferred	Date payment or transfer was made	Amount of payment
	Jerich	Turnpike					10/23/2018	\$1,500.00
	te 100						_	
Flo	ral Park	NY	1	1001				
City		Stat	e Z	IP Code				
Ema	il or websit	e address						
Pers	on Who M	ade the Payment, if I	Not You	I				
17.	anyone Do not i	who promised t	o help	you deal w	otcy, did you or anyone else acting or ith your creditors or to make payment you listed on line 16.			perty to
	✓ No ☐ Yes	. Fill in the detail	s.					
18.	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).							
	Do not i	nclude gifts and t	ransfe	rs that you h	ave already listed on this statement.			
	✓ No ☐ Yes	. Fill in the detail	S.					
19.					ruptcy, did you transfer any property called asset-protection devices.)	to a self-settled tru	ist or similar devic	e of which
		. Fill in the detail	S.					

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 50 of 75

Deb	otor 1	Horace Earle	Case number (if known)
Р	art 8:	List Certain Financial Accounts, Instruments, Safe Dep	oosit Boxes, and Storage Units
20.		year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred?	instruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions	•
	✓ No ☐ Yes	. Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankrupt ırities, cash, or other valuables?	cy, any safe deposit box or other depository
	✓ No ☐ Yes	. Fill in the details.	
22.		ou stored property in a storage unit or place other than your home wit	thin 1 year before you filed for bankruptcy?
	سنا	. Fill in the details.	
Ρ	art 9:	Identify Property You Hold or Control for Someone Els	е
23.	-	hold or control any property that someone else owns? Include any p in trust for someone.	property you borrowed from, are storing for,
	✓ No ☐ Yes	. Fill in the details.	
Р	art 10:	Give Details About Environmental Information	
For	the purp	ose of Part 10, the following definitions apply:	
ı	hazardou	nental law means any federal, state, or local statute or regulation con s or toxic substance, wastes, or material into the air, land, soil, surfa statutes or regulations controlling the cleanup of these substances,	ce water, groundwater, or other medium,
		ns any location, facility, or property as defined under any environmer or used to own, operate, or utilize it, including disposal sites.	ntal law, whether you now own, operate, or
		<i>is material</i> means anything an environmental law defines as a hazarde, hazardous material, pollutant, contaminant, or similar item.	dous waste, hazardous substance, toxic
Rep	ort all no	otices, releases, and proceedings that you know about, regardless of	when they occurred.
24.	Has any law?	governmental unit notified you that you may be liable or potentially	liable under or in violation of an environmental
	✓ No ☐ Yes	. Fill in the details.	

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 51 of 75

Deb	tor 1	Horace Earle	Case number (if known)
25.	☑ No	ou notified any governmental unit of any release of hazardous material. Fill in the details.	?
26.	Have you	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and
	✓ No ☐ Yes	. Fill in the details.	
Pa	art 11:	Give Details About Your Business or Connections to Ar	ny Business
27.	Within 4	4 years before you filed for bankruptcy, did you own a business or haves?	e any of the following connections to any
		A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnership A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	•
	<u> </u>	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.	
28.		2 years before you filed for bankruptcy, did you give a financial statem ncial institutions, creditors, or other parties.	ent to anyone about your business? Include
	□ No □ Yes	s. Fill in the details below.	

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 52 of 75

Debtor 1	Horace Earle		Case number (if known)
Part 12:	Sign Below		
that answer	s are true and correct. I und	derstand that making a false statement bankruptcy case can result in fines up	ments, and I declare under penalty of perjury t, concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 years,
X /s/ Hora	ice Earle	X	
Horace E	arle, Debtor 1	Signature of Debtor 2	
Date _	10/23/2018	Date	
Did you atta	ach additional pages to Your	Statement of Financial Affairs for Indi	ividuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
_	<i>ı</i> or agree to pay someone w	rho is not an attorney to help you fill o	ut bankruptcy forms?
☑ No			

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 53 of 75

Fill in this inf	Fill in this information to identify your case:			
Debtor 1	Horace		Earle	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: SOUTHERN D	ISTRICT OF NEW YO	RK_
Case number				
(if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D),
	fill in the information below

ill in the illiorination below.					
Identify the creditor and the property that is collateral			at do you intend to do with the perty that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name:	Baview Loan Servicing		Surrender the property. Retain the property and redeem it.		No Yes
Description of property securing debt:	38 Vans Terrance Lake Katrine, NY 12449		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		
Creditor's name:	Capital Mgmt. Maintenance		Surrender the property. Retain the property and redeem it.		No Yes
Description of property securing debt:	Timeshare		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		
Creditor's name:	Hudson Valley Federal		Surrender the property. Retain the property and redeem it.		No Yes
Description of property securing debt:	356 Shear Hill Road Carel, NY 10512		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 54 of 75

	e Earle	Case number (if known)	
Identify the cred	ditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
Creditor's name:	Keybank Na	Surrender the property. Retain the property and redeem it.	□ No □ Yes
•	356 Shear Hill Road Carel, NY 10512	Retain the property and enter into a Reaffirmation Agreement.	
property securing debt:		Retain the property and [explain]:	
Creditor's name:	Nationstar Mortgage / Mr. Cooper	Surrender the property.	□ No
	356 Shear Hill Road Carel, NY 10512	Retain the property and redeem it. Retain the property and enter into a	Yes
property securing debt:	330 Silear filli Road Carel, NT 10312	Reaffirmation Agreement. Retain the property and [explain]:	
	Specialized Loan Servicing	Surrender the property.	□ No
name:	250 Chase Hill Bood Corol NV 40542	Retain the property and redeem it. Retain the property and enter into a	Yes
Description of property	356 Shear Hill Road Carel, NY 10512	Reaffirmation Agreement.	
securing debt:		Retain the property and [explain]:	

yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 55 of 75

Debtor 1	Horace Earle		Case number (if known)
Part 3:	Sign Below		
		•	any property of my estate that secures a debt and
	Il property that is subject to	·	
X /s/ Hora	ace Earle	X	
Horace I	Earle, Debtor 1	Signature of Debtor 2	
Date 1	0/23/2018	Date	
M	M / DD / YYYY	MM / DD / YYY	Y

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 56 of 75

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK POUGHKEEPSIE DIVISION

In	re Horace Earle	Case No.
		Chapter 7
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FOR DEBTOR
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in ba services rendered or to be rendered on behalf of the debtor(s) in contemplation o is as follows:	ankruptcy, or agreed to be paid to me, for
	For legal services, I have agreed to accept	\$1,500.00_
	Prior to the filing of this statement I have received	\$1,500.00
	Balance Due	\$0.00
2.	The source of the compensation paid to me was:	
	☑ Debtor ☐ Other (specify)	
3.	The source of compensation to be paid to me is:	
	✓ Debtor Other (specify)	
4.	✓ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	r person unless they are members and
	☐ I have agreed to share the above-disclosed compensation with another personassociates of my law firm. A copy of the agreement, together with a list of the compensation, is attached.	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all	aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor bankruptcy;	in determining whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan	n which may be required;
	c. Representation of the debtor at the meeting of creditors and confirmation hear	ring, and any adjourned hearings thereof:

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 57 of 75

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/23/2018 /s/ Gus Michael Farinella

Date Gus Michael Farinella

Gus Michael Farinella Bar No. GMF5252 Law Offices of Gus Michael Farinella, PC 110 Jericho Turnpike

Suite 100

Floral Park, NY 11001

Phone: (212) 675-6161 / Fax: (212) 675-4367

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 58 of 75

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK POUGHKEEPSIE DIVISION

IN RE: Horace Earle CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above named	d Debtor hereby	verifies that th	e attached list	of creditors is t	rue and correct to	the best of his/he
know	rledge.						

Date	10/23/2018	Signature	/s/ Horace Earle Horace Earle
Date		Signature .	

American Honda 600 Kelly Way Holyoke, MA 01040

Baview Loan Servicing PO Box 650091 Dallas, TX 75265

Capital Mgmt. Maintenance PO Box 864964 Orlando, FL 32886-4964

Child Support Enforcement PO Box 14 Albany, NY 12201

Comcast Cable One Comcast Center Philadelphia, PA 19103

Gross Polowy, LLC 1775 Wehrle Drive, Suite 100 Williamsville, NY 14221

Hudson Valley Federal 159 Barnegat Road Poughkeepsie, NY 12601

Keybank Na 4910 Tiedman Road Brooklyn, OH 44144

Keybank, Na PO Box 94518 Cleveland, OH 44101 Nationstar Mortgage / Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019

New York Life Insurance Co. 51 Madison Ave New York, NY 10010

Portfolio Recov Associates LLC 120 Corporate Blvd Norfolk, VA 23502

Specialized Loan Servicing 8742 Lucent Blvd. - Suite 300 Highlands Ranch, CO 80129

Spectrum
PO Box 742663
Cincinnati, OH 45274-2663

Syncb/jcp PO Box 965007 Orlando, FL 32896

Tdrcs/pilgrim Furniture 1000 Macarthur Blvd Mahway, NJ 07430

Upstate Collection Center Inc 1759 Union Street Schenectady, NY 12309

Upstate Collection Center, Inc. 650 Franklin Street - Suite 312 Schenectady, NY 12305

Waypoint Resource Group 301 Sundance Parkway Round Rock, TX 78681

Waypoint Resource Group LLC PO Box 1081 San Antonio, TX 78294-1081

F	ill in	this inf	ormation to id	dentify your case:				box only as dire	
D	ebtor	1	Horace		Earle			in Form 122A-1Su	
			First Name	Middle Name	Last Name		1. There is	no presumption of abu	se.
	ebtor: Spouse		First Name	Middle Name	Last Name	$-\ $	of abuse	ulation to determine if a applies will be made u est Calculation (Officia	nder Chapter 7
U	nited (States Ba	nkruptcy Court for	the: SOUTHERN D	STRICT OF NEW YORK	<u><_ </u>		ns Test does not apply	
	ase now	umber m)						ed military service but i	
							Check if t	his is an amended filin	g
Of	ficia	l Form	122A-1						
Cł	napt	er 7 S	tatement of	Your Current	Monthly Income				12/15
acci info are mili 122	curate ormati exem itary s	. If more ion applie inpted from service, cupp) with	space is needed es. On the top of m a presumption omplete and file this form.	l, attach a separate sh any additional pages of abuse because yo	d people are filing together seet to this form. Include to the word name and cas u do not have primarily co tion from Presumption of A	the linese num	e number to v nber (if knowr er debts or be	which the additional n). If you believe that ecause of qualifying	
_			monital and filing		al.				
1.	vvna	it is your	maritai and filing	g status? Check one o	nıy.				
		Not mari	ried. Fill out Colu	mn A, lines 2-11.					
		Married	and your spouse	e is filing with you. Fi	I out both Columns A and E	B, lines	2-11.		
	\checkmark	Married	and your spouse	e is NOT filing with yo	u. You and your spouse a	are:			
		Livi	ng in the same h	ousehold and are not	legally separated. Fill out	t both (Columns A and	d B, lines 2-11.	
		dec	lare under penalty	of perjury that you and	 Fill out Column A, lines 2- d your spouse are legally se that do not include evading 	eparate	ed under nonba	ankruptcy law that appl	ies or that you
	ban Aug in th	kruptcy c ust 31. If e result.	the amount of you not include an	3 101(10A). For exampur monthly income various income amount more	ed from all sources, deriver ble, if you are filing on Septe ed during the 6 months, add than once. For example, it have nothing to report for ar	ember d the in if both s	15, the 6-mont come for all 6 spouses own t	th period would be Mare months and divide the he same rental propert	ch 1 through total by 6. Fill
							Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.		-	rages, salary, tip roll deductions).	s, bonuses, overtime,	and commissions		\$1,972.23		
3.		nony and olumn B is		yments. Do not includ	e payments from a spouse	_	\$0.00		
4.	regu your a sp	enses of y lar contrib depende	you or your dependentions from an urents, parents, and	roommates. Include re		_	\$0.00		

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \quad \text{Pg 63 of 75}$

Deb	otor 1	Horace Earle			c	ase number (if k	nown)	
						Column A Debtor 1	Column B Debtor 2 or non-filing spous	e
5.	Net inc	come from operating a busine	ess, profession, or	farm				
			Debtor 1	Debtor 2				
	Gross i	receipts (before all ions)	\$0.00					
	Ordina expens	ry and necessary operating - ses	\$0.00		Сору			
		onthly income from a business, sion, or farm	\$0.00		here →	\$0.00		
6.	Net inc	come from rental and other re	eal property					
			Debtor 1	Debtor 2				
	Gross i	receipts (before all ions)	\$4,200.00					
	Ordina expens	ry and necessary operating - ses	- \$0.00 -		Сору			
		onthly income from rental or eal property	\$4,200.00		here →	\$4,200.00		
7.	Interes	st, dividends, and royalties				\$0.00		
8.	Unemp	ployment compensation				\$0.00		
		enter the amount if you conter under the Social Security Act.						
	For	you		\$0.	00			
	For	your spouse						
9.		on or retirement income. Do no penefit under the Social Securi	•	ount received that		\$0.00		
10.	amoun or payr or inter	e from all other sources not I t. Do not include any benefits ments received as a victim of a mational or domestic terrorism. te page and put the total below	received under the war crime, a crime If necessary, list o	Social Security A against humanity	ct ',			
	Total a	mounts from separate pages, i	f any.		+		+	
11.		ate your total current monthl			ſ	A .		
		es 2 through 10 for each colun dd the total for Column A to th		s .		\$6,172.23	+	Total current

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 64 of 75

Deb	Debtor 1		orace Earle		Case number (if known)
Р	art 2:		Determine Whether the Means	Test Applies to You	
12.	Calcu	ılate	your current monthly income for the y	vear. Follow these steps:	
	12a.	Сор	by your total current monthly income from	n line 11	Copy line 11 here + 12a. \$6,172.23
		Mult	tiply by 12 (the number of months in a ye	ear).	X 12
	12b.	The	result is your annual income for this par	t of the form.	12b. \$74,066.76
13.	Calcu	ılate	the median family income that applies	s to you. Follow these steps:	
	Fill in	the s	state in which you live.	New York	
	Fill in	the n	number of people in your household.	2	
	Fill in	the n	nedian family income for your state and	size of household	13. \$68,087.00
			st of applicable median income amounts s for this form. This list may also be ava		·
14.	How	do th	ne lines compare?		
	14a.		Line 12b is less than or equal to line 13 Go to Part 3.	3. On the top of page 1, check b	ox 1, There is no presumption of abuse.
	14b.	$\overline{\mathbf{Q}}$	Line 12b is more than line 13. On the t Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.
P	art 3:		Sign Below		
	By s	signin	ng here, I declare under penalty of perjur	y that the information on this sta	tement and in any attachments is true and correct.
	X /	s/ H	orace Earle	X	
	ŀ	Horac	ce Earle, Debtor 1	Signa	ture of Debtor 2
	[Date_	10/23/2018	Date	
			MM / DD / YYYY		MM / DD / YYYY
	If vo	ou che	ecked line 14a, do NOT fill out or file For	m 122A-2.	

If you checked line 14b, fill out Form 122A-2 and file it with this form.

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 65 of 75}$

F	ill in	this inf	ormation to	identify your case		Check the appropriate box as directed
D	ebtor ·	1	Horace		Earle	in lines 40 or 42:
			First Name	Middle Name	Last Name	According to the calculation required by this Statement:
	ebtor 2 spouse		First Name	Middle Name	Last Name	1. There is no presumption of abuse.
Uı	nited S	States Ba	nkruptcy Court f	or the: SOUTHERN D	ISTRICT OF NEW YO	RK 2. There is a presumption of abuse.
_	ase nu know	umber ⁄n)				☐ Check if this is an amended filing
			122A-2	Coloulation		0446
Cr	ıapt	er / IVI	leans Test	Calculation		04/16
	fill ou A-1).	t this for	m, you will nee	d your completed copy	of Chapter 7 Statement	t of Your Current Monthly Income (Official Form
acc	urate	. If more	space is neede	ed, attach a separate sl	neet to this form. Includ	other, both are equally responsible for being de the line number to which the additional case number (if known).
P	art 1	De	termine You	r Adjusted Income		
1.	Сор	y your to	tal current mor	thly income	Copy line 11 from O	Official Form 122A-1 here • 1
2.	Did	you fill o	ut Column B in	Part 1 of Form 122A-1	?	
	$\overline{\mathbf{V}}$	No. Fill i	n \$0 for the tota	I on line 3.		
		Yes. Is y	our spouse filin	g with you?		
		☐ No.	Go to line 3.			
		☐ Yes	. Fill in \$0 for th	e total on line 3.		
3.	-	-	-	nincome by subtracting you or your dependent		se's income not used to pay for
				122A-1, was any amou f you or your dependent		orted for your spouse NOT regularly used
		No. Fill i	n \$0 for the tota	I on line 3.		
		Yes. Fill	in the information	on below:		
		For exam	nple, the income o support people	which the income was is used to pay your spo to other than you or your	use's tax are subtra	amount you acting from use's income
	_					
	- т	otal			+	\$0.00 Copy total here → - \$0.00
4.	۸diı	iot vour e	current monthly	vincome. Subtract the t	otal on line 2 from line 1	\$6,172.23

Dobto	. 1	Horoco Forlo			_				
Debtor		Horace Earle			Case	nun	nber (if known)		
Part	1 2:	Calculate Your Deductions from You	ur II	ncome					
these	amou ied in	I Revenue Service (IRS) issues National and Lo nts to answer the questions in lines 6-15. To fi the separate instructions for this form. This ir e.	ind t	the IRS stand	dards, go onlin	e u	sing the link		
use so from yo	me of our sp	expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the stouse's income in line 3 and do not deduct any open 122A-1.	stand	dards. Do no	t deduct any am	nour	nts that you subt	racted	
f your	exper	nses differ from month to month, enter the average	e exp	pense.					
Whene	ever th	nis part of the form refers to you, it means both you	u an	d your spouse	e if Column B of	f Fo	orm 122A-1 is fill	ed in.	
5.	The n	number of people used in determining your ded	lucti	ons from inc	ome				
	return	the number of people who could be claimed as ex , plus the number of any additional dependents w ferent from the number of people in your househo	hom	•			II	2	
Natio	onal S	standards You must use the IRS National St	tanda	ards to answe	er the questions	in I	ines 6-7.		
		, clothing and other items: Using the number of the dollar amount for food, clothing, and other item		ple you entere	ed in line 5 and	the	IRS National St	andards,	\$1,202.00
	Stand people	of-pocket health care allowance: Using the number lards, fill in the dollar amount for out-of-pocket heat e who are under 65 and people who are 65 or older acre costs. If your actual expenses are higher the 2.	alth c erb	care. The nui ecause older	mber of people people have a	is s∣ high	plit into two cate ner IRS allowand	gories ce for	
	Peo	ple who are under 65 years of age							
	7a. (Out-of-pocket health care allowance per person		\$52.00					
	7b. N	Number of people who are under 65	X	2					
	7c. S	Subtotal. Multiply line 7a by line 7b.	_	\$104.00	Copy here	•	\$104.00		
	Peo	ple who are 65 years of age or older							
	7d. (Out-of-pocket health care allowance per person		\$114.00					
	7e. N	Number of people who are 65 or older	X						
	7f. S	Subtotal. Multiply line 7d by line 7e.		\$0.00	Copy here	+	\$0.00		
						[Copy total here	0424.25
	7g. 1	Fotal. Add lines 7c and 7f					\$104.00	7g.	\$104.00

Debto	r 1	Horace Ear	le	Case number (if known)	
Loc	al Sta	andards	You must use the IRS Local Stan	ndards to answer the questions in lines 8-15.	
			om the IRS, the U.S. Trustee Pros s into two parts:	ogram has divided the IRS Local Standard for housing	
		_	s Insurance and operating expe s Mortgage or rent expenses	enses	
To a	answ	er the question	s in lines 8-9, use the U.S. Truste	ee Program chart.	
		e chart, go onlir at the bankrupto		eparate instructions for this form. This chart may also be	
8.		_	es Insurance and operating exp unt listed for your county for insurar	penses: Using the number of people you entered in line 5, ance and operating expenses.	\$635.00
9.	Hou	sing and utilitie	es Mortgage or rent expenses:		
	9a.	-	per of people you entered in line 5, for mortgage or rent expenses.	, fill in the dollar amount listed \$2,367.00	
	9b.	Total average r your home.	monthly payment for all mortgages	and other debts secured by	
		contractually du	e total average monthly payment, a ue to each secured creditor in the 6 nen divide by 60.		
		Name of the	creditor	Average monthly payment	
		Baview Loan	Servicing	\$1,815.73	
		Hudson Valle	ey Federal	\$494.38	
		Nationstar M	ortgage / Mr. Cooper -	+ \$2,892.39	
		(See continu		Repeat this	
			Total average monthly payment	\$5,708.30 Copy here + - \$5,708.30 amount on line 33a.	
	9c.	Net mortgage of	or rent expense.		
			o (total average monthly payment) f If this amount is less than \$0, ente		\$0.00
10.				on of the IRS Local Standard for housing is incorrect es, fill in any additional amount you claim.	
	Expl why:				
		0. Go to line 14 1. Go to line 12 2 or more. Go	4. 2. to line 12.	of vehicles for which you claim an ownership or operating expense.	
12.				Indards and the number of vehicles for which you claim the ply for your Census region or metropolitan statistical area.	\$304.00

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 68 of 75

ebtor	1 Horac	ce Earle	Case number (if known) _		
ϵ	expense for e	ership or lease expense: Using the IRS Local Standards, calculate each vehicle below. You may not claim the expense if you do not ma In addition, you may not claim the expense for more than two vehicle	ke any loan or lease paym		
\	Vehicle 1	Describe Vehicle 1:			
1	13a. Ownersł	nip or leasing costs using IRS Local Standard	\$200.00		
1	13b. Average	e monthly payment for all debts secured by Vehicle 1.			
	Do not i	nclude costs for leased vehicles.			
	amounts	ulate the average monthly payment here and on line 13e, add all sthat are contractually due to each secured creditor in the 60 months u filed for bankruptcy. Then divide by 60.	;		
	Name	of each creditor for Vehicle 1 Average monthly payment			
		+			
		Total average monthly payment \$0.00 Copy here	→ \$0.00	Repeat this amount on line 33b.	
1		icle 1 ownership or lease expense. t line 13b from line 13a. If this amount is less than \$0, enter \$0.	\$200.00	Copy net Vehicle 1 expense here	\$200.00
\	Vehicle 2	Describe Vehicle 2:			
1	13d Ownerel	nip or leasing costs using IRS Local Standard			
	13e. Average	e monthly payment for all debts secured by Vehicle 2. Do not include r leased vehicles.			
	Name	of each creditor for Vehicle 2 Average monthly payment			
		+		Repeat this	
		Total average monthly payment Copy here	→	amount on line 33c.	
1		icle 2 ownership or lease expense. t line 13e from 13d. If this amount is less than \$0, enter \$0.		Copy net Vehicle 2 expense here	\$0.00
		portation expense: If you claimed 0 vehicles in line 11, using the IF on expense allowance regardless of whether you use public transports		ne Public	\$0.00

Debto	or 1	Horace Earle	Case number (if known)	
15.	also d	deduct a public transport	ation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may tation expense, you may fill in what you believe is the appropriate expense, but you may Local Standard for Public Transportation.	\$0.00
Oth	er Nec	essary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses following IRS categories.	for the
16.	self-e your p	mployment taxes, socia pay for these taxes. How	oount that you will actually owe for federal, state and local taxes, such as income taxes, I security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 in the total monthly amount that is withheld to pay for taxes.	\$254.87
	Do no	ot include real estate, sa	les, or use taxes.	
17.		untary deductions: The dues, and uniform cost	e total monthly payroll deductions that your job requires, such as retirement contributions, s.	\$0.00
	Do no	ot include amounts that a	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18.	filing t	together, include payme	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life s, or a non-filing spouse's life insurance, or for any form of life insurance other than	\$0.00
19.		t-ordered payments: T cy, such as spousal or c	The total monthly amount that you pay as required by the order of a court or administrative hild support payments.	\$123.32
	Do no	ot include payments on p	past due obligations for spousal or child support. You will list these obligations in line 35.	
20.	■ as	a condition for your job		\$0.00
04			tally challenged dependent child if no public education is available for similar services.	#0.00
21.		-	amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. any elementary or secondary school education.	\$0.00
22.	is req health	uired for the health and a savings account. Inclu	nses, excluding insurance costs: The monthly amount that you pay for health care that welfare of you or your dependents and that is not reimbursed by insurance or paid by a ude only the amount that is more than the total entered in line 7. se or health savings accounts should be listed only in line 25.	\$0.00
23.	for yo	u and your dependents,	ephone services: The total monthly amount that you pay for telecommunication services such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production sed by your employer.	+ \$0.00
			pasic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.	
24.		all of the expenses allo	wed under the IRS expense allowances.	\$2,823.19

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \quad \text{Pg 70 of 75}$

Debto	or 1	Horace Earle		Case	Case number (if known)			
Add	litiona	I Expense Deductions		dditional deductions include any expens	•			
25.	insura	h insurance, disability insuance, disability insurance, arse, or your dependents.				e monthly expenses for health sary for yourself, your		
	Healt	h insurance		\$0.00				
	Disab	oility insurance		\$0.00				
	Healt	h savings account		+\$0.00	1			
	Total			\$0.00	Copy total here	→	\$0.00	
	Do yo	ou actually spend this total a	mount?					
		No. How much do you actua	ally spend?					
	Ø	Yes						
26.	will co	inuing contributions to the continue to pay for the reason per of your household or meases may include contribution	able and nece mber of your in	ssary care and support of the state of the s	oort of an elderly, cl o is unable to pay fo	nronically ill, or disabled or such expenses. These	\$0.00	
27.		ection against family violen or of you and your family unde				at you incur to maintain the rother federal laws that apply.	\$0.00	
	By lav	w, the court must keep the na	ature of these	expenses confident	ial.			
28.	Addit on lin	tional home energy costs.	Your home end	ergy costs are includ	ded in your insuran	ce and operating expenses		
		believe that you have home, then fill in the excess amou			he home energy co	osts included in expenses on		
		nust give your case trustee on the claimed is reasonable and		of your actual expe	nses, and you mus	t show that the additional		
29.	\$160.	ation expenses for depend 42* per child) that you pay for elementary or secondary so	or your depend			y expenses (not more than ears old to attend a private or	\$0.00	
		nust give your case trustee o		•	•	t explain why the amount		
	* Sub	ject to adjustment on 4/01/1	9, and every 3	years after that for	cases begun on or	after the date of adjustment.		
30.	highe		d clothing allo	wances in the IRS N	lational Standards.	od and clothing expenses are That amount cannot be more		
		nd a chart showing the maxin ctions for this form. This chart						
	You r	nust show that the additional	l amount claim	ed is reasonable an	d necessary.			
31.		inuing charitable contributi ments to a religious or charit				in the form of cash or financial	+ \$0.00	

Debto	or 1	Horace Earle					Case r	umber (if known)		
32.		all of the additional exnes 25 though 31.	cpense dedu	ctions.						\$0.00
Dec	duction	s for Debt Payment								
33.		ebts that are secured , and other secured (including	g home	mortgages, vehi	cle	
		culate the total average months after you file		•		ire contrac	ctually du	ue to each secure	d creditor in	
								verage monthly ayment		
		Mortgages on your	home:							
	33a.	Copy line 9b here					→	\$5,708.30		
		Loans on your first	two vehicles	:						
	33b.	Copy line 13b here					-	\$0.00		
	33c.	Copy line 13e here					→	\$0.00		
	33d.	List other secured de	bts:							
		of each creditor for		Identify property t	hat	Does pa	vment			
	other	secured debt		secures the debt		include insuranc	taxes or			
							No			
							Yes			
						□	No			
						Ц	Yes			
						_ 무	No Yes	-		
								¢E 700 20	Copy total	\$5.700.00
	33e.	Total average month	y payment. A	Add lines 33a throug	h 33d			\$5,708.30	here →	\$5,708.30
34.		ny debts that you list ssary for your suppo			-	sidence, a	a vehicle	e, or other prope	rty	
		No. Go to line 35.								
		es. State any amou		ust pay to a creditor,						
				keep possession of de by 60 and fill in th						
Nar	ne of th	ne creditor	Identify pro secures the		Total cu amount	re		Monthly cure amount		
Nat	tionsta	ır Mortgage / Mr. C	356 Shear	Hill Road Carel,	\$74,84		60 =	\$1,247.50		
							60 =			
						÷	60 = -	•	1 _	
							Total	\$1,247.50	Copy total here	\$1,247.50

$18\text{-}36785\text{-}cgm \quad \text{Doc 1} \quad \text{Filed 10/23/18} \quad \text{Entered 10/23/18 13:30:38} \quad \text{Main Document} \\ \quad \text{Pg 72 of 75} \\$

Debto	or 1	Но	race Earle	Case nu	mber (if known)		
35.	alimo	ny -	we any priority claims such as a priority tax, child support, or - that are past due as of the filing date of your bankruptcy case? § 507.				
	٠.	No. Yes.	Go to line 36. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.				
			Total amount of all past-due priority claims			÷ 60 =	\$0.00
36.	For m	ore i	digible to file a case under Chapter 13? 11 U.S.C. § 109(e). Information, go online using the link for Bankruptcy Basics specified in its form. Bankruptcy Basics may also be available at the bankruptcy.				
	□ ¹	No.	Go to line 37.				
	V	Yes.	Fill in the following information.				
			Projected monthly plan payment if you were filing under Chapter 13		\$1,331.38		
			Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alaband North Carolina) or by the Executive Office for United States Trus (for all other districts).		x <u>6.3</u> %	6	
			To find a list of district multipliers that includes your district, go online the link specified in the separate instructions for this form. This list n also be available at the bankruptcy clerk's office.	-			
			Average monthly administrative expense if you were filing under Cha	apter 13	\$83.88	Copy total here	\$83.88
37.			the deductions for debt payment. 33e through 36.				\$7,039.68
Tota	al Ded	uctio	ons from Income				
38.	Add a	all of	the allowed deductions.				
			24, All of the expenses allowed under IRS allowances				
	Сору	line	32, All of the additional expense deductions \$0.00				
	Сору	line	37, All of the deductions for debt payment +\$7,039.68				
	Total	dedu		opy total	here →		\$9,862.87
Par	t 3:	D	etermine Whether There Is a Presumption of Abuse				
39.	Calcu	ılate	monthly disposable income for 60 months				
	39a.	Cop	by line 4, adjusted current monthly income				
	39b.	Cop	py line 38, <i>Total deductions</i> – \$9,862.87				
	39c.		onthly disposable income. 11 U.S.C. § 707(b)(2). (\$3,690.64) her otract line 39b from line 39a.		(\$3,690.64)		
		For	the next 60 months (5 years)		x 60		
	39d.	Tot	al. Multiply line 39c by 60	39d.	(\$221,438.40)	Copy here →	\$221,438.40)

Debto	r 1	Hor	race Earle Ca	ase number	(if kr	nown)		
40.	0. Find ou		whether there is a presumption of abuse. Check the box that applies:					
			ne 39d is less than \$7,700*. On the top of page 1 of this form, check box Part 5.	x 1, There is	s no p	presumption	n of abus	e.
			ne 39d is more than \$12,850*. On the top of page 1 of this form, check hay fill out Part 4 if you claim special circumstances. Then go to Part 5.	box 2, <i>Ther</i>	e is a	a presumpti	ion of abเ	ise.
		The li	ne 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.					
		* Subj	ect to adjustment on 4/01/19, and every 3 years after that for cases filed	on or after t	he da	ate of adjus	tment.	
41.	41a.	A S	in the amount of your total nonpriority unsecured debt. If you filled ou ummary of Your Assets and Liabilities and Certain Statistical Information S icial Form 106Sum), you may refer to line 3b on that form.	Schedules			_	
					х	.25		
	41b.		of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(i)(i)(i) line 41a by 0.25.	(I).			Copy here	•
42.	Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies:							
	Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>There is no presumption of abuse.</i> Go to Part 5.							
			39d is equal to or more than line 41b. On the top of page 1 of this form, nay fill out Part 4 if you claim special circumstances. Then go to Part 5.	, check box	2, Th	nere is a pro	esumptio	n of abuse.
Par	t 4:	Gi	ive Details About Special Circumstances					
43.	-		ve any special circumstances that justify additional expenses or adjure is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).	ıstments of	f curr	ent month	ly incom	e for
	$\overline{\mathbf{Q}}$	No.	Go to Part 5.					
		Yes.	Fill in the following information. All figures should reflect your average m for each item. You may include expenses you listed in line 25.	nonthly expe	ense	or income a	adjustme	nt
			You must give a detailed explanation of the special circumstances that madjustments necessary and reasonable. You must also give your case to expenses or income adjustments.					
			Give a detailed explanation of the special circumstances				_	onthly expense adjustment

Debtor 1	Horace Earle	Case number (if known)		
Part 5:	Sign Below			
By si	gning here, I declare under penalty of perjury	that the information on this statement and in any attachments is true and correct.		
X /s	s/ Horace Earle	X		
H	orace Earle, Debtor 1	Signature of Debtor 2		
D	ate 10/23/2018	Date		
	MM / DD / YYYY	MM / DD / YYYY		

18-36785-cgm Doc 1 Filed 10/23/18 Entered 10/23/18 13:30:38 Main Document Pg 75 of 75

Debtor 1	Horace Earle	Case number (if know	<i>n</i> n)
9b. Mor	rtgages and other debts secured by your home (contir	nued):	
Name o	of the creditor		Average monthly payment
Special	lized Loan Servicing		\$505.80